

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
11-041

2. STATE
CA

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1915(i) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$6,430,000
b. FFY 2012 \$25,750,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, pages 67-72
Attachment 3.1-C, pages 28-53

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
None

10. SUBJECT OF AMENDMENT:

Additional Services under 1915(i) SPA

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Toby Douglas

14. TITLE:

Director

15. DATE SUBMITTED:

12/27/11

16. RETURN TO:

**Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.326
P.O. Box 997417
Sacramento, CA 95899-7417**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

DEC 29 2011

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 11-041

Dear Ms. Nagle:

The purpose of this letter is to amend the California Department of Health Care Services (DHCS), State Plan to add services that may be provided under Section 1915 (i) of the Social Security Act. State Plan Amendment (SPA) Transmittal # 11-041 will extend Medi-Cal coverage for existing specialized health and other HCBS provided to Medi-Cal eligible persons with developmental disabilities who do not meet the criteria for institutional long-term care services. Currently, these services are provided solely with State funds.

DHCS has provided an informational notice to Indian Health programs regarding this SPA. DHCS does not anticipate that this SPA will have an effect on the Indian Health Programs because it makes no changes to providers of services or rates of payment for services, nor does it impact Indian Medi-Cal beneficiaries with developmental disabilities because it makes no changes to current services or eligibility for services. A copy of the notice is enclosed.

We would like to extend our deep appreciation to Cynthia Nanes and Ellen Blackwell for their availability, patience and guidance in this effort. Their professional collaboration provided our staff and staff from the Department of Developmental Services with the direction and support needed to craft this SPA properly.

Gloria Nagle, Ph.D., MPA
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If you have any questions or concerns, please contact John Shen, Chief, Long-Term Care Division, Department of Health Care Services at (916) 440-7552.

Sincerely,



Toby Douglas
Director

Enclosures

cc: John Shen
Chief, Long-Term Care Division
California Department of Health Care Services
1501 Capitol Avenue
Sacramento, CA 95814

Services

1. State plan HCBS. (Complete the following table for each service. Copy table as needed):

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):			
Service Title:		Speech, Hearing and Language Services	
Service Definition (Scope):			
Speech, Hearing and Language services, available through the approved State plan, will be provided to individuals age 21 and older, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached.			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):			
<input type="checkbox"/>	Categorically needy (specify limits):		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Speech Pathologist	Business & Professions Code §§ 2532-2532.8 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	N/A
Audiology	Business & Professions Code §§ 2532-2532.8	N/A	N/A

	As appropriate, a business license as required by the local jurisdiction where the business is located.		
Hearing and Audiology Facilities	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	An audiology facility: 1. Employs at least one audiologist who is licensed by the Speech Pathology and Audiology Examining Committee of the Medical Board of California; and 2. Employs individuals, other than 1. above, who perform services, all of whom shall be: • Licensed audiologists; or • Obtaining required professional experience, and whose required professional experience application has been approved by the Speech Pathology and Audiology Examining Committee of the Medical Board of California.

Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
All Speech, Hearing and Language providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.
Speech Pathologist	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board	Biennially.
Audiology	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board	Biennially if non-dispensing audiologist;

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		annually if dispensing.
Hearing and Audiology Facilities	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board	Biennially.
Service Delivery Method. (Check each that applies):		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):			
Service Title:	Dental Services		
Service Definition (Scope):			
Dental services, available through the approved State plan, will be provided to individuals age 21 and older, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached.			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service for (choose each that applies):			
<input type="checkbox"/>	Categorically needy (specify limits):		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Dentist	Business & Professions Code §§ 1600-1976 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	N/A
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	

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Dentists	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.
Dentists	Dental Board of California	Biennially
Service Delivery Method. (Check each that applies):		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):			
Service Title:	Optometric/Optician Services		
Service Definition (Scope):			
Optometric/Optician services, available through the approved State plan, will be provided to individuals age 21 and older, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached.			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):			
<input type="checkbox"/>	Categorically needy (specify limits):		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Orthoptic Technician	Business and Professions Codes in Chapter 7, Article 3	An orthoptic technician is validly certified by the American Orthoptic Council	N/A
Optometrist	Sections 3041, 3041.3, 3056, 3057		

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	<p>An optometrist is validly licensed as an optometrist by the California State Board of Optometry</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>		
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Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
All Optometric/Optician service providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.
Orthoptic Technician	American Orthoptic Council	Every three years
Optometrist	California State Board of Optometry	Biennially

Service Delivery Method. (Check each that applies):

<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
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Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):

Service Title:	Prescription Lenses and Frames
Service Definition (Scope):	
<p>Prescription Lens/Frames services, available through the approved State plan, will be provided to individuals age 21 and older, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations</p>	

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have been reached.			
Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
Specify limits (if any) on the amount, duration, or scope of this service for (<i>chose each that applies</i>):			
<input type="checkbox"/>	Categorically needy (<i>specify limits</i>):		
<input type="checkbox"/>	Medically needy (<i>specify limits</i>):		
Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Dispensing Optician	Business and Professions Code §§ 2550-2560. As appropriate, a business license as required by the local jurisdiction where the business is located.	Registered as a dispensing optician by the Division of Allied Health Professions of the Medical Board of California	N/A
Verification of Provider Qualifications (<i>For each provider type listed above. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	Entity Responsible for Verification (<i>Specify</i>):	Frequency of Verification (<i>Specify</i>):	
All Prescription Lens/ Frame providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.	
Dispensing Optician	Medical Board of California	Biennially	
Service Delivery Method. (<i>Check each that applies</i>):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

Service Specifications <i>(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):</i>			
Service Title:		Psychology Services	
Service Definition (Scope):			
Psychology services, available through the approved State plan, will be provided to individuals age 21 and older, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached.			
Additional needs-based criteria for receiving the service, if applicable <i>(specify)</i> :			
Specify limits (if any) on the amount, duration, or scope of this service for <i>(chose each that applies)</i> :			
<input type="checkbox"/>	Categorically needy <i>(specify limits)</i> :		
<input type="checkbox"/>	Medically needy <i>(specify limits)</i> :		
Provider Qualifications <i>(For each type of provider. Copy rows as needed):</i>			
Provider Type <i>(Specify)</i> :	License <i>(Specify)</i> :	Certification <i>(Specify)</i> :	Other Standard <i>(Specify)</i> :
Clinical Psychologist	Business and Professions Code, §§2940-2948 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	N/A
Verification of Provider Qualifications <i>(For each provider type listed above. Copy rows as needed):</i>			
Provider Type <i>(Specify)</i> :	Entity Responsible for Verification <i>(Specify)</i> :	Frequency of Verification <i>(Specify)</i> :	
Clinical Psychologists	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.	

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	qualifications and duty statements; and service design.	
Clinical Psychologist	Board of Psychology	Biennially
Service Delivery Method. (Check each that applies):		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):			
Service Title:		Chore Services	
Service Definition (Scope):			
<p>Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress, and minor repairs such as those which could be completed by a handyman. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.</p>			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):			
<input type="checkbox"/>	Categorically needy (specify limits):		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Individual	<p>As appropriate for the services to be done.</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>		<p>Individual chore service providers shall possess the following minimum qualifications:</p> <ol style="list-style-type: none"> 1. The ability to perform the functions required in the individual plan of care; 2. Demonstrate dependability and personal integrity.

Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):		
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Individual	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.
Service Delivery Method. (Check each that applies):		
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed	

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):			
Service Title:	Communication Aides		
Service Definition (Scope):			
<p>Communication aides are those human services necessary to facilitate and assist persons with hearing, speech, or vision impairment to be able to effectively communicate with service providers, family, friends, co-workers, and the general public. The following are allowable communication aides, as specified in the recipient's plan of care:</p> <ol style="list-style-type: none"> 1. Facilitators; 2. Interpreters and interpreter services; 3. Translators and translator services; and <p>Communication aide services include evaluation for communication aides and training in the use of communication aides.</p>			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):			
<input type="checkbox"/>	Categorically needy (specify limits):		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Facilitators	No state licensing	N/A	Qualifications and training as appropriate.

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	category. An appropriate business license as required by the local jurisdiction for the adaptations to be completed.		
Interpreter	No state licensing category. An appropriate business license as required by the local jurisdiction for the adaptations to be completed.	N/A	1) Fluency in both English and a language other than English; and 2) The ability to read and write accurately in both English and a language other than English
Translator	No state licensing category. An appropriate business license as required by the local jurisdiction for the adaptations to be completed.	N/A	1. Fluency in both English and a language other than English; 2. The ability to read and write accurately in both English and a language other than English.

Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
All Communication Aid providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.

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	qualifications and duty statements; and service design.	
Service Delivery Method. <i>(Check each that applies):</i>		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

Service Specifications <i>(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):</i>	
Service Title:	Environmental Accessibility Adaptations
Service Definition (Scope):	
<p>Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.</p> <p>It may be necessary to make environmental modifications to an individual's home before he/she transitions from an institution to the community. Such modifications may be made while the person is institutionalized. Environmental modifications, included in the individual's plan of care, may be furnished up to 180 days prior to the individual's discharge from an institution. However, such modifications will not be considered complete until the date the individual leaves the institution and is enrolled in the waiver.</p> <p>In the event an individual dies before the relocation can occur, but after the modifications have been made, the State will claim FFP for services that would have been necessary for relocation to have taken place when the individual has:</p> <ul style="list-style-type: none"> ▪ applied for waiver service; and ▪ been found eligible for the waiver by the State (but for the person's status as an inpatient in an institution); and ▪ died before the actual delivery of the waiver service. 	
Additional needs-based criteria for receiving the service, if applicable <i>(specify):</i>	
Specify limits (if any) on the amount, duration, or scope of this service for <i>(choose each that applies):</i>	
<input type="checkbox"/>	Categorically needy <i>(specify limits):</i>
<input type="checkbox"/>	Medically needy <i>(specify limits):</i>

Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Contractor	A current license, certification or registration with the State of California as appropriate for the type of modification being purchased.	See "License"	N/A
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
Contractor appropriate for the type of adaption to be completed.	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing as needed/required.	
Service Delivery Method. (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):	
Service Title:	Non-Medical Transportation
Service Definition (Scope):	
<p>Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined in 42 CFR 440.170(a) (if applicable), and shall not replace them.</p> <p>Transportation services under the waiver shall be offered in accordance with the individual's plan of care and shall include transportation aides and such other assistance as is necessary to assure the safe transport of the recipient. Private, specialized transportation</p>	

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will be provided to those individuals who cannot safely access and utilize public transportation services (when available.) Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

Transportation for minor children living in the family residence may be provided when the family can provide sufficient written documentation to demonstrate that it is unable to provide transportation for the child.

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Specify limits (if any) on the amount, duration, or scope of this service for (*chose each that applies*):

Categorically needy (*specify limits*):

Medically needy (*specify limits*):

Provider Qualifications (*For each type of provider. Copy rows as needed*):

Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Individual Transportation Provider	Valid California driver's license As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Welfare and Institutions Code Section 4648.3
Transportation Company; Transportation Broker; Transportation Provider— Additional Component	As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Welfare and Institutions Code Section 4648.3
Public Transit Authority	As appropriate, a business license as required by the local jurisdiction where the business is	N/A	Welfare and Institutions Code Section 4648.3

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	located.		
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
All Transportation Providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.	
Service Delivery Method. (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):			
Service Title:	Nutritional Consultation		
Service Definition (Scope):			
Nutritional consultation includes the provision of consultation and assistance in planning to meet the nutritional and special dietary needs of waiver participants. These services are consultative in nature and do not include specific planning and shopping for, or preparation of meals for waiver participants.			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service for (chase each that applies):			
<input type="checkbox"/>	Categorically needy (specify limits):		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Dietitian; Nutritionist	No state licensing category. As appropriate, a business license as required by the	Dietician: Valid registration as a member of the American Dietetic Association	Nutritionist must possess a Master's Degree in one of the following: a. Food and Nutrition; b. Dietetics; or c. Public Health Nutrition; or is employed as a nutritionist by a county health department.

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	local jurisdiction where the business is located.		
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
All Nutritional Consultation providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.	
Service Delivery Method. (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):			
Service Title:	Skilled Nursing		
Service Definition (Scope):			
Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.			
Additional needs-based criteria for receiving the service, if applicable (specify):			
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):			
<input type="checkbox"/>	Categorically needy (specify limits):		
<input type="checkbox"/>	Medically needy (specify limits):		
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):

Registered Nurse (RN)	<p>Business and Professions Code, §§ 2725-2742</p> <p>Title 22, CCR, § 51067</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	N/A	N/A
Licensed Vocational Nurse (LVN)	<p>Business and Professions Code, §§ 2859-2873.7</p> <p>Title 22, CCR, § 51069</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>		N/A
Home Health Agency: RN or LVN	<p>Title 22, CCR, §§ 74600 et. seq.</p> <p>RN: Business and Professions Code, §§ 2725-2742 Title 22, CCR, § 51067</p> <p>LVN: Business and Professions Code, §§</p>	<p>Medi-Cal Certification using Medicare standards</p> <p>Title 22, CCR, §§ 51069-51217.</p>	N/A

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	2859-2873.7 Title 22, CCR, § 51069 As appropriate, a business license as required by the local jurisdiction where the business is located.		
Verification of Provider Qualifications (<i>For each provider type listed above. Copy rows as needed</i>):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
All Skilled Nursing Providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.	
Registered Nurse	Board of Registered Nursing, Licensing and regional centers	Every two years	
Licensed Vocational Nurse	Board of Vocational Nursing and Psychiatric Technicians, Licensing and regional centers	Every two years	
Service Delivery Method. (<i>Check each that applies</i>):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

Service Specifications (<i>Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover</i>):	
Service Title:	Specialized Medical Equipment and Supplies
Service Definition (Scope):	
Specialized medical equipment and supplies include: (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the State plan that is necessary to	

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address participant functional limitations; and, (e) necessary medical supplies not available under the State plan. The repair, maintenance, installation, and training in the care and use, of these items is also included. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design, and installation, and must meet Underwriter's Laboratory or Federal Communications Commission codes, as applicable. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible.			
Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
Specify limits (if any) on the amount, duration, or scope of this service for (<i>choose each that applies</i>):			
<input type="checkbox"/>	Categorically needy (<i>specify limits</i>):		
<input type="checkbox"/>	Medically needy (<i>specify limits</i>):		
Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Durable Medical Equipment Dealer	If applicable, a current license with the State of California as appropriate for the type of equipment or supplies being purchased. As appropriate, a business license as required by the local jurisdiction where the business is located.	If applicable, a current certification with the State of California as appropriate for the type of equipment or supplies being purchased.	Be authorized by the manufacturer to install, repair and maintain such systems if such a manufacturer's program exists.
Verification of Provider Qualifications (<i>For each provider type listed above. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	Entity Responsible for Verification (<i>Specify</i>):	Frequency of Verification (<i>Specify</i>):	
All Specialized Medical Equipment and Supplies	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as	Verified upon application for vendorization and ongoing thereafter through oversight and	

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Providers	applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	monitoring activities.
Service Delivery Method. <i>(Check each that applies):</i>		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

Service Specifications <i>(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):</i>	
Service Title:	Specialized Therapeutic Services
Service Definition (Scope):	
<p>Specialized Therapeutic Services are services that provide physical, behavioral/social-emotional health, and or dental health care that have been adapted to accommodate the unique complexities presented by HCBS enrolled individuals. These complexities include requiring:</p> <ol style="list-style-type: none"> 1. Additional time with the health care professional to allow for effective communication with patients to ensure the most effective treatment; 2. Additional time with the health care professional to establish the patient's comfort and receptivity to treatment to avoid behavioral reactions that will further complicate treatment; 3. Additional time for diagnostic efforts due to the masking effect of some developmental disabilities on health care needs; 4. Specialized expertise and experience of the health care professional in diagnosing health care needs that may be masked or complicated by a developmental disability; 5. Treatment to be provided in settings that are more conducive to the patient's ability to effectively receive treatment, either in specialized offices or facilities that offer better structured interaction with the patient or which may provide additional comfort and support which is needed to reduce patient anxiety that is related to his or her developmental disabilities. <p>All of these additional elements to Specialized Therapeutic Services are designed and proven effective in ensuring the health and safety of the patients who are enrolled in the HCBS waiver. They are also designed or adapted with specialized expertise, experience or supports to ensure that the impact of a person's developmental disability does not impede the practitioner's ability to effectively provide treatment. The design features and/or expertise levels required by these consumers have been developed through years of experience and are not available through existing State Plan services. These features are critical to maintain, preserve, or improve the health status and developmental progress of each individual who is referred to these Specialized Therapeutic Services.</p> <p>Specialized Therapeutic Services include:</p> <ol style="list-style-type: none"> 1. Oral Health Services: Diagnostic, Prophylactic, Restorative, Oral Surgery 2. Services for Maladaptive Behaviors/Social-Emotional Behavior Impairments (MB/SEDI) Due to/Associated with a Developmental Disability: Individual and group interventions 	

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and counseling

3. Physical Health Services: Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Diagnostic and Treatment, Physician Services, Nursing Services, Diabetes Self-Management

The need for a Specialized Therapeutic Service must be identified in the Individual Program Plan, also known as a Plan of Care, and is to be provided only when the individual's regional center planning team has:

1. Determined the reason why other generic or State Plan services can not/do not meet the unique oral health, behavioral/social-emotional health, physical health needs of the consumer as a result of his/her developmental disability and the impact of the developmental disability on the delivery of therapeutic services;
2. Determined that a provider with specialized expertise/knowledge in serving individuals with developmental disabilities is needed, i.e., a provider of State Plan services does not have the appropriate qualifications to provide the service;
3. Determined that the individual's needs cannot be met by a State Plan provider delivering routine State Plan services;
4. Determined that the Specialized Therapeutic Service is a necessary component of the overall Plan of Care that is needed to avoid institutionalization; and
5. Consulted with a Regional Center clinician.

The need to continue the Specialized Therapeutic Service will be evaluated during the mandatory annual review of the individual's IPP in order to determine if utilization is appropriate and progress is being made as a result of the service being provided.

The following specify the differences between Specialized Therapeutic Services and services available under the approved State Plan:

1. Provider qualifications.
2. The scope (what is provided).
3. The services will be offered either at the consumer's home, the program site, or when appropriate, the provider's site.

Providers of Specialized Therapeutic Services must hold a current State license or certificate to practice in the respective clinical field for which they are vendored and have at least one year of experience working providing direct care in the field of licensure with persons with developmental disabilities, validation of which must be obtained by the regional center prior to vendorization and maintained in the regional center vendor file. This expanded qualification requirement differentiates providers of Specialized Therapeutic Services from State Plan providers. These providers include physicians/surgeons, nurse practitioners, registered nurses, licensed vocational nurses, psychologists, social workers, speech therapists, physical therapists, physical therapy assistants, dental hygienists, dentists, and marriage and family therapists. Certified occupational therapists, occupational therapy assistants, respiratory therapists, and chemical addiction counselors are also included.

Scope of Services: When provided as a home and community-based service, a Specialized Therapeutic Service may require one or more of the following if determined critical to the ongoing maintenance of the oral care, health care, or behavioral/social-emotional health

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care of the individuals in his/her residence or program environment. This expansion of the scope of the Specialized Therapeutic Service differentiates it from other State Plan services. These are provided as a component of an allowable specialized therapeutic service, are billed to the Waiver as part of the specialized therapeutic service being provided, and are designed to improve the consumer or caregiver's capacity to effectively access services, interpret care instructions, or provide care as directed by the clinical professional. Each of these will be provided only if it is directly associated with a specialized therapeutic service provided to an individual and are included in an approved plan of care.

1. Family support and counseling - Critical to a full understanding of the impact of involved developmental disabilities on the presenting health care need and effective treatment. The health care practitioner delivering the health, dental, or behavioral/social-emotional health specialized services may need to provide family support and/or counseling, as well as consumer training and consultation with other physicians or involved professionals, in order to ensure the proper understanding of the treatment and support in the person's home environment and that it is critical to effective treatment of people with developmental disabilities;
2. Provider travel necessary to deliver the service - If cost-effective and necessary, the regional center may include the cost of travel in order to allow the provider to provide the care at a location that is necessary due to the disabilities of the individual;
3. Consultation with other involved professionals in meeting the physical, behavioral/social-emotional health and/or dental health needs of the consumer through specialized therapeutic services. This allows the clinical provider of specialized therapeutic services to properly involve other professional care givers who deliver services in accordance with the individual's plan of care;
4. Consumer training - at times the individual will require additional training by a specialized therapeutic service provider to maintain or enhance the long-term impact of the oral, behavioral/social-emotional health, or health care treatment provided. An appropriately licensed or certified provider, as defined above, will provide this training.

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Specify limits (if any) on the amount, duration, or scope of this service for (*chose each that applies*):

Categorically needy (*specify limits*):

Medically needy (*specify limits*):

Provider Qualifications (*For each type of provider. Copy rows as needed*):

Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Dentist Dental Hygienist Psychologist Marriage and Family Therapist Social Worker Chemical	Business and Professions Code: Dentist: §1628- 1635 Dental Hygienist:	Chemical Addition Counselor - certified in accordance with Title 9 CCR § 9846-13075	Providers of Specialized Therapeutic Services must hold a current State license or certificate to practice in the respective clinical field for which they are vendored and have at least one year of experience working providing direct care in the field of licensure with persons with developmental

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<p>Addiction Counselor Physician/Surgeon on Speech Therapist Occupational Therapist Occupational Therapy Assistant Physical Therapist Physical Therapy Assistant Respiratory Therapist RN LVN Nurse Practitioner</p>	<p>§1766 & 1768 Psychologist: §2940-2946 Marriage & Family Therapist: §4986.2 Social Worker: §4996.1 – 4996.2 Physician/Surgeon: §2080-2096 Speech Therapist: §2532.1-2532.6 Occupational Therapist and Assistant: §2570.6 Physical Therapist: §2636.5 Physical Therapy Assistant: §2655 Respiratory Therapist: §3733-3737 RN § 2725-2742 LVN § 2859-2873.7 Nurse Practitioner: §2834-2837</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is</p>	<p>Physicians and Surgeons: Business and Professions Code, §2080-2085</p>	<p>disabilities.</p>
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	located.		
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
All Specialized Therapeutic Services providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.	
Service Delivery Method. (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):	
Service Title:	Transition Set Up Expenses
Service Definition (Scope):	
<p>Transition/Set Up Expenses are one-time, non-recurring set-up expenses to assist individuals who are transitioning from an institution to their own home. These expenses fund some of the initial set-up costs that are associated with obtaining and securing an adequate living environment and address the individual's health and safety needs when he or she enters a new living environment.</p> <p>"Own home" is defined as any dwelling, including a house, apartment, condominium, trailer, or other lodging that is owned, leased, or rented by the individual.</p> <p>This service includes necessary furnishings, household items and services that an individual needs for successful transition to community living and may include:</p> <ul style="list-style-type: none"> ▪ Security deposits that are required to obtain a lease on an apartment or home; ▪ Moving expenses; ▪ Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy; ▪ Set up fees or non-refundable deposits for utilities (telephone, electricity, heating by gas); ▪ Essential furnishings to occupy and use a community domicile, such as a bed, table, chairs, window blinds, eating utensils, food preparation items, etc. <p>These services exclude:</p> <ul style="list-style-type: none"> ▪ Items designed for diversionary/recreational/entertainment purposes, such as hobby supplies, television, cable TV access, or VCRs and DVDs. ▪ Room and board, monthly rental or mortgage expense, regular utility charges, 	

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household appliances, and food.

Items purchased through this service are the property of the individual receiving the service and the individual takes the property with him/her in the event of a move to another residence.

Some of these expenses may be incurred before the individual transitions from an institution to the community. In such cases, the Transition/Set Up expenses incurred while the person was institutionalized are not considered complete until the date the individual leaves the institution and is enrolled in the waiver. Transition/Set Up expenses included in the individual's plan of care may be furnished up to 180 days prior to the individual's discharge from an institution. However, such expenses will not be considered complete until the date the individual leaves the institution and is enrolled in the waiver.

In the event an individual dies before the relocation can occur, but after the expenses have been incurred, the State will claim FFP at the administrative rate for services which would have been necessary for relocation to have taken place when the consumer has:

- applied for waiver service; and
- been found eligible for the waiver by the State (but for the person's status as an inpatient in an institution); and
- died before the actual delivery of the waiver service.

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Specify limits (if any) on the amount, duration, or scope of this service for (*chose each that applies*):

- Categorically needy (*specify limits*):
- Medically needy (*specify limits*):

Provider Qualifications (*For each type of provider. Copy rows as needed*):

Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Public Utility Agency	As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	N/A
Retail and Merchandise Company			
Health and Safety agency			
Individual (landlord, property management)			

Moving Company			
Verification of Provider Qualifications <i>(For each provider type listed above. Copy rows as needed):</i>			
Provider Type <i>(Specify):</i>	Entity Responsible for Verification <i>(Specify):</i>	Frequency of Verification <i>(Specify):</i>	
All Transition/Set Up Providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.	
Service Delivery Method. <i>(Check each that applies):</i>			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

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Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

See attachment 4.19-B for descriptions of the rate setting methodologies for the services identified below.

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input type="checkbox"/>	HCBS Habilitation
<input type="checkbox"/>	HCBS Respite Care
<input checked="" type="checkbox"/>	Other Services
<input checked="" type="checkbox"/>	HCBS Speech, Hearing and Language Services
<input checked="" type="checkbox"/>	HCBS Dental Services
<input checked="" type="checkbox"/>	HCBS Optometric/Optician Services
<input checked="" type="checkbox"/>	HCBS Prescription Lenses and Frames
<input checked="" type="checkbox"/>	HCBS Psychology Services
<input checked="" type="checkbox"/>	HCBS Chore Services
<input checked="" type="checkbox"/>	HCBS Communication Aides
<input checked="" type="checkbox"/>	HCBS Environmental Accessibility Adaptations
<input checked="" type="checkbox"/>	HCBS Non-Medical Transportation
<input checked="" type="checkbox"/>	HCBS Nutritional Consultation
<input checked="" type="checkbox"/>	HCBS Skilled Nursing
<input checked="" type="checkbox"/>	HCBS Specialized Medical Equipment and Supplies
<input checked="" type="checkbox"/>	HCBS Specialized Therapeutic Services
<input checked="" type="checkbox"/>	HCBS Transition/Set-Up Expenses
For Individuals with Chronic Mental Illness, the following services:	
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)



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**REIMBURSEMENT METHODOLOGY FOR SPEECH, HEARING
LANGUAGE SERVICES**

The maximum rates for this service are determined by the “Schedule of Maximum Allowances (SMA).” State regulations define the SMA as the current rate established by the single-state Medicaid agency for services reimbursable under the Medi-Cal program.

REIMBURSEMENT METHODOLOGY FOR DENTAL SERVICES

The maximum rates for this service are determined by the “Schedule of Maximum Allowances (SMA).” State regulations define the SMA as the current rate established by the single-state Medicaid agency for services reimbursable under the Medi-Cal program.

**REIMBURSEMENT METHODOLOGY FOR OPTOMETRIC/OPTICIAN
SERVICES**

The maximum rates for this service are determined by the “Schedule of Maximum Allowances (SMA).” State regulations define the SMA as the current rate established by the single-state Medicaid agency for services reimbursable under the Medi-Cal program.

**REIMBURSEMENT METHODOLOGY FOR PRESCRIPTION LENSES AND
FRAMES**

The maximum rates for this service are determined by the “Schedule of Maximum Allowances (SMA).” State regulations define the SMA as the current rate established by the single-state Medicaid agency for services reimbursable under the Medi-Cal program.

REIMBURSEMENT METHODOLOGY FOR PSYCHOLOGY SERVICES

The maximum rates for this service are determined by the “Schedule of Maximum Allowances (SMA).” State regulations define the SMA as the current rate established by the single-state Medicaid agency for services reimbursable under the Medi-Cal program.

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REIMBURSEMENT METHODOLOGY FOR CHORE SERVICES

The rates for this service are determined utilizing the “Usual and Customary Rate Methodology.” Per California Code of Regulations (CCR), Title 17, Section 57210(19), a usual and customary rate “means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the two rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act.”

REIMBURSEMENT METHODOLOGY FOR COMMUNICATION AIDES

There are two rate setting methodologies for this service. If the provider does not have a “usual and customary” rate as described below, then the maximum rate is established using the median rate setting methodology as described below.

1) The Usual and Customary Rate Methodology – Per California Code of Regulations (CCR), Title 17, Section 57210(19), a usual and customary rate “means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the two rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act.” If the provider does not have a “usual and customary” rate, then the maximum rate is established using the median rate setting methodology.

2) Median Rate Methodology - This methodology requires that rates negotiated with new providers may not exceed the regional center’s current median rate for the same service, or the statewide current median rate, whichever is lower. This methodology is defined in California Welfare and Institutions Code section 4691.9(b) which stipulates that “no regional center may negotiate a rate with a new service provider,

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for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation must conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service.” While the law sets a cap on negotiated rates, the rate setting methodology for applicable services is one of negotiation between the regional center and prospective provider. Pursuant to law and the regional center’s contracts with the Department of Developmental Services regional centers must maintain documentation on the process to determine and the rationale for granting any negotiated rate (e.g. cost-statements), including consideration of the type of service and any education, experience and/or professional qualifications required to provide the service.

REIMBURSEMENT METHODOLOGY FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

The rates for this service are determined utilizing the “Usual and Customary Rate Methodology.” Per California Code of Regulations (CCR), Title 17, Section 57210(19), a usual and customary rate “means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the two rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act.”

REIMBURSEMENT METHODOLOGY FOR NON-MEDICAL TRANSPORTATION

There are three rate setting methodologies for this service. If the provider does not have a “usual and customary” rate as described below, then the maximum rate is established using the median rate setting methodology as described below.

1) The Usual and Customary Rate Methodology – Per California Code of Regulations (CCR), Title 17, Section 57210(19), a usual and customary rate “means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the

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recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the two rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act.” If the provider does not have a “usual and customary” rate, then the maximum rate is established using the median rate setting methodology.

2) Median Rate Methodology - This methodology requires that rates negotiated with new providers may not exceed the regional center’s current median rate for the same service, or the statewide current median rate, whichever is lower. This methodology is defined in California Welfare and Institutions Code section 4691.9(b) which stipulates that “no regional center may negotiate a rate with a new service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation must conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service.” While the law sets a cap on negotiated rates, the rate setting methodology for applicable services is one of negotiation between the regional center and prospective provider. Pursuant to law and the regional center’s contracts with the Department of Developmental Services regional centers must maintain documentation on the process to determine, and the rationale for granting any negotiated rate (e.g. cost-statements), including consideration of the type of service and any education, experience and/or professional qualifications required to provide the service.

3) Rate based on Regional Center Employee Travel Reimbursement – The maximum rate paid to individual transportation provider is established as the travel rate paid by the regional center to its own employees.

REIMBURSEMENT METHODOLOGY FOR NUTRITIONAL CONSULTATION

The rates for this service are determined utilizing the “Usual and Customary Rate Methodology.” Per California Code of Regulations (CCR), Title 17, Section 57210(19), a usual and customary rate “means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their

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families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the two rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act.”

REIMBURSEMENT METHODOLOGY FOR SKILLED NURSING

The maximum rates for this service are determined by the “Schedule of Maximum Allowances (SMA).” State regulations define the SMA as the current rate established by the single-state Medicaid agency for services reimbursable under the Medi-Cal program.

REIMBURSEMENT METHODOLOGY FOR SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES

The maximum rates for this service are determined by the “Schedule of Maximum Allowances (SMA).” State regulations define the SMA as the current rate established by the single-state Medicaid agency for services reimbursable under the Medi-Cal program.

REIMBURSEMENT METHODOLOGY FOR SPECIALIZED THERAPEUTIC SERVICES

The maximum rates for this service are established utilizing the “Median Rate Methodology.” This methodology requires that rates negotiated with new providers may not exceed the regional center’s current median rate for the same service, or the statewide current median rate, whichever is lower. This methodology is defined in California Welfare and Institutions Code section 4691.9(b) which stipulates that “no regional center may negotiate a rate with a new service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation must conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service.” While the law sets a cap on negotiated rates, the rate setting methodology for applicable services is one of negotiation between the regional center and prospective provider. Pursuant to law and

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the regional center's contracts with the Department of Developmental Services regional centers must maintain documentation on the process to determine, and the rationale for granting any negotiated rate (e.g. cost-statements), including consideration of the type of service and any education, experience and/or professional qualifications required to provide the service.

**REIMBURSEMENT METHODOLOGY FOR TRANSITION/SET-UP
EXPENSES**

The rates for this service are determined utilizing the "Usual and Customary Rate Methodology." Per California Code of Regulations (CCR), Title 17, Section 57210(19), a usual and customary rate "means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the two rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act."

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